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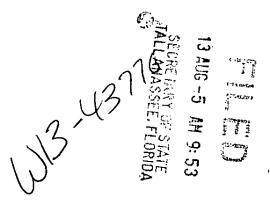
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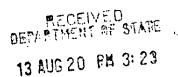
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SUFFICIENCY OF FILING

DEPARTMENT OF STATE O



T. SIMELE MIR 5 1 5013





August 16, 2013

CSC SUSIE KNIGHT TALLAHASSEE, FL

SUBJECT: BERNARD HODES GROUP, LLC

Ref. Number: W13000043770

RESUBMIT

Please give original submission date as file date.

We have received your document for BERNARD HODES GROUP, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

The document number of the name conflict is 850466.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 713A00018772

Justin M Shivers Regulatory Specialist II



| ACCOUNT NO. | : 12000000195 | |
|---|--------------------|-----------|
| REFERENCE | : 752377 | |
| AUTHORIZATION | : Spellelena | <u> </u> |
| COST LIMIT | : \$ 125.00 | |
| ORDER DATE : August 5, 2013 | | |
| ORDER TIME : 3:55 PM | | |
| ORDER NO. : 752377-005 | | |
| CUSTOMER NO: 7275439 | | |
| | - | |
| FOREIGN F | FILINGS | |
| NAME: HODES, LLC | | 13 JAL |
| XXXX QUALIFICATION (TYPE: I | LL) | AUG -5 |
| PLEASE RETURN THE FOLLOWING AS | S PROOF OF FILING: | AH 9: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD ST | randing | 1: 53 |
| CONTACT PERSON: Susie Knight | EXT# 52956 | |
| | EXAMINER: | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | HODES, LLC (Name of Foreign Lodes Group, LLC | imited Liability Company; must include | "Limited Liability Company," "L.L.C.," or "LLC.") | |
|-------------|---|---|--|-----------------------------|
| (If | name unavailable, enter | managing members adopting the alterna | of transacting business in Florida and attach a copy of ate name. The alternate name must include "Limited I | of the written Liability |
| 2 | Delaware | 3. | 46-3072020 | |
| | Jurisdiction under the la company is organized) | w of which foreign limited liability | (FEI number, if applicable) | |
| 4. | June 27, 2013 | . 5. | Perpetual | |
| •• | (Date of C | Organization) | (Duration: Year limited liability company will ceasexist or "perpetual") | se to |
| 6. | June 28, 2013 | | | |
| 0. | | (Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to | da, if prior to registration.) o determine penalty liability) | |
| 7. | 1100 Alderman Drive | e, Suite 350 | <i>6</i> : | · |
| | Alpharetta, GA 3000 | 5 | TALE . | ಪ |
| | | (Street Address of | Principal Office) | |
| 8. | If limited liability o | ompany is a manager-managed c | ompany, check here | The second of |
| 9. | The name and usua | l business addresses of the manag | ging members or managers are as follows: 🗵 | E T |
| | Marc Bala | 2475 Hanover Street, Palo Alto, | California 94304 | Ltm.r |
| | William Chisholm | 2475 Hanover Street, Palo Alto, | California 94304 | |
| the trai | jurisdiction under the law islation of the certificate | | Recruitment Advertising | |
| | | But T. Julia | | <u> </u> |
| | | Signature of a member or an auth | norized representative of a member. | |
| | penalties of | f perjury that the facts stated herein are true. | ion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in \$ 817.155. F.S. | () |

Typed or printed name of signee

Bret T. Jardine

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. | The name of the Limited Liability Company is: |
|------|--|
| но | DES, LLC |
| If u | navailable, the alternate to be used in the state of Florida is: |
| Hod | des Group, LLC |
| | |

2. The name and the Florida street address of the registered agent and office are:

| Corporation Service Com | npany | 8. | | |
|-------------------------|-------------------------------------|-------|-------------|------------------|
| | (Name) | A S | | |
| 1201 Hays Street | | LAHA | SUA | ES THE SECTION |
| Florida Stree | t Address (P.O. Box NOT ACCEPTABLE) | Sen | 2 | <u> </u> |
| Tallahassee | FL 32301 | E S | | Branch F F II |
| | City/State/Zip | DRIDA | : 53 | Fig. |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

Sue G. Knight

(Signature) Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing |
|---|
| Members of |
| (Name of Limited Liability Company) |
| a limited liability company duly organized and existing under the laws of |
| Delaware |
| (State or Country of Organization) |
| Because the name of this foreign limited liability company does not satisfy the |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the |
| following name to transact business in the state of Florida: |
| HODES GROUP, LLC |
| Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |
| Date: |
| Signature(s) of Manager(s) and/or Managing Member(s): |
| MARC BALA, MANAGER |
| WILLIAM CHISHOLM, MANAGER |
| |
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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HODES, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE FIFTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HODES, LLC"

WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 AUG -5 AM 9: 54
SECRETARY OF STATE
JALLAHASSEE, FLORIDA

5357880 8300

130955227

AUTHENTY CATION: 0640395

DATE: 08-05-13

You may verify this certificate online at corp.delaware.gov/authver.shtml